Effective October 1, 2000												•	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMAL TYPE	SMALL ENTITY OTHER THAN					
TOTAL CLAIMS			. 7				RAT	E	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	· 710.00	
٢٥	TOTAL CHARGEABLE CLAIMS			7 (minus 20=		•		) <del>=</del>		OR	X\$18=		
INC	INDEPENDENT CLAIMS			2 minus 3 =				Ü		OR	X80=		
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT				+135	<u> </u>		OR	+270=		
			less than zero, enter "0" in column 2			column 2	TOTA	AL.		OR	TOTAL		
5-17-05 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER OUSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N N	Total	• 14	Minus	- 2	0	• /	X\$ 9	=		OR	X\$18=		
AME	Independent	· 2	Minus				X40	3		OR	X80≈	·	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM '								H.		OR	+270=		
	1.06	0/				ADDIT, I	TAL		OR	TOTAL ADDIT, FEE			
•	2/10/0	(Column 1)		(Colum	nn 2)	(Column 3)	ADDIT.	cc i		•			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 14.	Minus	9	0	-	X\$ 9	-		OR	X\$18=		
	Independent	NTATION OF M	Minus ••• ©		C AIM	-	X40	3		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-		OR	+270=		
							ADDIT, F			OR	TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=	X\$ 9	_		OR	X\$18=		
	Independent	•	Minus	•••		=	X40	.		OR	X80=		
	FIRST PRESE	NTATION OF M	ATIPLE	DEPENDENT	CLAIM		+135				+270=		
٠,	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	TOTAL		
**	t the "Highest Nu		eld For <sup>e</sup> IN	THIS SPACE I	siess the	n 20, enter "20."	ADDIT. F			OR	ADDIT. FEE		
		nber Previously Pa					found in the	app	ropriate box	in col	lumn 1.		

**Application or Docket Number**